alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

Alternatives to Confinement

MHSA Innovation Project

Amount Requested: $13,432,651

Project Duration: 5 Years

Submitted by:
Alameda County Behavioral Health Care Services

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The Indigo Project

Date:
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COMPLETE APPLICATION CHECKLIST
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:
☐ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors. *(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)*
☐ Local Mental Health Board approval Approval Date:
☐ Completed 30 day public comment period Comment Period:
☐ BOS approval date Approval Date: If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: *Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.*
Desired Presentation Date for Commission: _____ ***Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.***

Introduction

Alameda County Behavioral Health Care Services has identified the significant need to support individuals with serious mental health challenges who are involved with the justice system. As discussed in the proceeding Project Overview section in more detail, this is a pervasive and complex issue in Alameda County as well as across the state and nation that requires multiple approaches to address. ACBH has developed a forensic and reentry plan that sets forth the myriad approaches to be implemented, including systems, collaborative, and program initiatives and interventions. The ACBH forensic and reentry plan includes the approaches identified and included in these two Innovation plans. However, it is important to note that the services included in these two Innovation plans are just one component of a larger reentry approach that spans every intercept of the Sequential Intercept map, including addressing the social determinants and disparities that increase the risk of justice system involvement, pre-arrest diversion, arrest diversion, and pathways throughout the legal process that seek to divert individuals from criminal justice settings into mental health services. It is also important to highlight that all services included in these two Innovation plans are voluntary and seek to provide voice and choice, particularly in situations where that autonomy may otherwise be limited by arrest and/or incarceration.

Alameda County is proposing to pilot two discrete Innovation plans. Each plan proposes a unique continuum of services to address the same problem and achieve the same goal of reducing criminal justice involvement for people with significant mental health challenges by providing services tailored to the needs of individuals with mental health challenges who are justice involved, including addressing their criminogenic risk and need. While the two Innovation plans are addressing the same problems and have similar expected outcomes, what they propose to do is unique.

The first project, entitled **Alternatives to Confinement,** includes three mental health services that are clinical in nature, led by clinical staff, and intended to reduce incarceration and increase participation in mental health services. This continuum includes:

- An Arrest Diversion/Triage Center where law enforcement can take someone in lieu of arrest in order to receive a mental health assessment and engage them in whatever mental health services they receive;
- A Forensic Crisis Residential Treatment program where individuals can stay for up to 30 days to address their mental health and criminogenic risk and need while in a voluntary service environment; and

- A Reducing Parole/Probation Violations program to support individuals with significant mental health issues who are at risk of re-incarceration because they have been unable to comply with the terms and conditions of their release.

The second project, entitled **Peer Led Continuum, Forensic and Reentry Services**, includes four programs, all led by people with lived experience, including certified forensic peer specialists and trained family members, and is intended to reduce incarceration and increase participation in mental health services. While certified forensic peer specialists are included in the interdisciplinary teams reflected in the Alternatives to Confinement staffing plan[1], the Peer Led Continuum of Forensic and Reentry Services is designed to pilot a continuum of services where certified peer specialists provide peer support services independently. The Peer Led Continuum of Forensic and Reentry Services includes:

- Reentry Coaches that provide peer support to individuals with significant mental health challenges to exit the jail and transition back into the community;
- WRAP for Reentry that provides peer led WRAP groups facilitated by trained WRAP facilitators to support individuals to address their mental health and forensic needs and avoid future forensic involvement;
- Forensic Peer Respite program where individuals with significant mental health challenges who are justice involved can go for up to 30 days to receive peer support and address whatever issues may be affecting their recovery and reentry; and
- Family Navigation and Support program to develop materials, train family support specialists, and provide individual and group consultation directly to family members about the criminal justice system and how to best advocate on behalf of their loved one.

As previously mentioned, these two Innovation plans are a part of a larger set of strategies. ACBH has already received funding from the first round of the Behavioral Health Community Infrastructure Program (BHCIP) to certify peers as well as develop the curriculum for and train peers in the forensic specialization. One of ACBH's contracted providers, Telecare Corporation, applied for and received funding from Round 3 of the BHCIP to renovate an existing facility that they own for the Forensic Crisis Residential

[1] Integrating peers within clinical programming is a standard in Alameda County Behavioral Health programs and is supported by the body of research surrounding mental health treatment for people with serious mental illness.

Treatment program, and two other ACBH providers are preparing applications for BHCIP Rounds 5 and/or 6 for the Arrest Diversion/Triage Center and the Forensic Peer Respite.

None of these projects would be possible without the longstanding collaboration from ACBH's justice partners, including the Sheriff's Office and Probation Department as well as local law enforcement agencies (LEA). ACBH has been co-leading a County-wide Multi-Disciplinary Forensic Team in partnership with the Oakland Police Department for over twenty years that includes participation from all city police and fire departments as well as Emergency Medical Services (EMS). ACBH has also sponsored and provided training for the Crisis Intervention Team (CIT) training for 20 years, as well, For local law enforcement agencies. Additionally, ACBH, local law enforcement, and other first responders have longstanding history of joint response. ACBH currently provides mobile crisis across the County in partnership with LEAs, a joint response model through the Mobile Engagement Teams with Oakland and Fremont Police Departments, and a clinician/EMT response model in 4 of Alameda County's cities. We anticipate that these longstanding partnerships and practiced collaboration will support the development and implementation of these two Innovation plans.

It is also important to note that all of these services are voluntary mental health services that are intended to reduce the likelihood that justice-involved mental health consumers end up in jail or in other involuntary environments. Currently, many justice-involved mental health consumers have no choice available to them when interacting with law enforcement; law enforcement has voiced similar frustration that they have few options for someone with behavioral health and forensic needs. These two continuums, one clinician and one peer led, provide a choice that has been previously unavailable.

Section 1: Innovations Regulations Requirement Categories

General Requirement

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- X Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- X Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- ☐ Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

Primary Purpose

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- X Increases access to mental health services to underserved groups
- X Increases the quality of mental health services, including measured outcomes
- X Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- ☐ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

Section 2: Project Overview

Primary Problem

The issue of people with serious mental illness (SMI) and/or substance use disorders (SUD) experiencing incarceration is one of the most prominent challenges facing the behavioral health and criminal justice communities. In many jurisdictions, individuals with mental illness are more likely to be booked into jail than engaged in treatment, and jails have become the largest mental health institutions. **This issue is exacerbated because the legal threshold to arrest and incarcerate someone is lower than is the legal threshold to engage that same individual in treatment if they are unwilling or unable to participate on a voluntary basis.** Because the legal standard for incarceration is much lower than the threshold for involuntary treatment and jail beds are more readily available than treatment beds, either voluntary or involuntary, it has become increasingly common to incarcerate individuals in need of mental health services.[2] Despite intentional efforts to make the mental health system as accessible and recovery-oriented as possible, there remains a group of individuals who will not engage in voluntary services and are more likely to be incarcerated than treated by the community behavioral health system. **Once a person with SMI and/or SUD becomes justice-involved, they are more likely to remain involved and penetrate the justice system further[3], [4].** These

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[2] National Sheriff's Association and Treatment Advocacy Center. *The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey.* Retrieved from: https://www.treatmentadvocacycenter.org/storage/documents/treatment-behind-bars/treatment-behind-bars.pdf.

[3] Fellner J: (2006), A corrections quandary: mental illness and prison rules. Harv CR-CL L Rev 41:391–412,

[4] Abramsky & Fellner, supra note 3, at 59 (citing Letter from Keith R. Curry, Ph.D., to Donna Brorby, Atty. in the Ruiz v. Johnson litigation (Mar. 19, 2002)

individuals typically have minimal financial resources and are more likely to be held in jail awaiting trial or placement for treatment, including competency restoration. They may experience difficulty complying with the terms and conditions of probation or release, and they may be charged with a new criminal offense while confined in jail.

Within California and across the Nation, there is a concerted effort to identify diversion opportunities and to ensure a continuum of services for individuals with mental health issues who are involved with the criminal justice system. Alameda County, along with its partners and community of stakeholders, has invested substantial time and resources on a number of efforts that aim to strengthen forensic and reentry mental health services for people with mental health needs and/or substance use disorders by:

Safely diverting people from the justice system into treatment,	Stabilizing and connecting individuals in custody to community behavioral health services, and	Promoting service participation that reduces recidivism.

The department unveiled a Forensic and Reentry Services Plan[5] in May of 2021 and has been systematically working through the short, mid, and long terms actions set forth in the plan. Alameda County was interested in how Innovation funds could assist in addressing the forensic and reentry mental health needs in the County. This Innovation plan arose out of these concerted efforts to divert individuals with mental health challenges from the justice system into mental health services and was developed for and by community stakeholders, including the County's Justice Involved Mental Health Task Force.

Proposed Project

Project Description

The *Alternatives to Incarceration* continuum of services is a collection of three co-located services that are working together intended to prevent incarceration and divert individuals from the criminal justice system into the mental health services. This continuum of services specifically seeks to divert individuals from incarceration in three primary ways:

1. When a mental health consumer who is forensically involved begins to exhibit early

[5] http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_5_10_21/HEALTH%20CARE%20SERVICES/Regular%20Calendar/Item__1_ACBH_Services_Forensic_sys_5_10_21.pdf

warning signs of a crisis with behaviors that may lead to police contact,

2. At the moment of police contact that may result in arrest, and
3. When the person has fallen out of compliance with their probation or parole and is subject to re-arrest.

This continuum of services seeks to provide services that prevent individuals with mental health and criminal justice involvement from being booked into the jail. Services include the following three programs.

Forensic Crisis Residential Treatment (CRT). The Forensic CRT will provide a voluntary, unlocked alternative to hospitalization and/or incarceration for individuals with mental health and criminal justice involvement who require services to re-stabilize and address the issues that place them at higher risk for police contact and/or an involuntary hold or arrest. While this may seem similar to the Muriel Wright Center in neighboring Santa Clara County, Muriel Wright is intended to provide crisis residential services for individuals who receive services through their criminal justice mental health program while Alameda County's proposed CRT is intended to divert individuals with mental health issues from the criminal justice system, regardless of whether or not they are already enrolled in forensic mental health services. While they are both forensic CRTs, Alameda County's proposed program serves to test a different function within the system for individuals who may or may not already be enrolled in public mental health services.

This program will provide 24/7 mental health services and supports that address mental health, substance use, and criminogenic needs in an unlocked environment. The average length of stay will span 5-14 days with the opportunity to extend up to 30 days with Mental Health Plan approval, and the total capacity will be 16. The Forensic CRT will be licensed by Community Care Licensing as a Short Term Social Rehabilitation Facility and certified by Medi-Cal. The Forensic CRT would be available to consumers who are beginning to experience early warning signs of a crisis or other behaviors that place them at high likelihood of police contact. At the Forensic CRT, individuals would be able to stabilize from the crisis and address the issues that were increasing the likelihood of police contact.

The facility will accept consumers ages 18-59[6] with mental health and criminal justice involvement who meet medical necessity criteria for crisis residential services and do not require services in a locked setting. This program is intended to be a step up from the community as well as step down from a locked environment, and referrals may come from

[6] Title XXII of the CCR that governs Community Care Licensing and Community Care Licensed facilities restricts the allowable age range for a CRT to 18-59.

community mental health providers who are serving justice-involved mental health consumers as well as providers from jail mental health, psychiatric hospitals, psychiatric emergency services, local emergency departments, crisis stabilization units, sobering centers and detoxification units, and the arrest diversion program described below. It is also possible that the Forensic CRT will also accept transfers from the existing CRTs if there is an individual with criminogenic needs that would be better served in a forensic environment.

Arrest Diversion/Triage Center. The arrest diversion/triage center is a centrally located program where law enforcement officers can bring someone with a serious mental illness who would otherwise be arrested in order to divert from jail and engage the person in mental health and other needed services. This program is unlocked and is not intended to accept individuals who require services in a locked environment. The arrest diversion center is open 24/7 and staffed with a clinical program supervisor, case managers, and certified forensic peer specialists. When a person is brought to the arrest diversion center, they are welcomed and offered a snack or other supports to help them feel comfortable and address any imminent basic needs. Once they have settled, the case manager meets with the individual to understand the person's situation and what short term interventions may be most successful in helping the person address whatever issues contributed to law enforcement contact. They may also identify longer term supports that may be useful. Based on this assessment and the person's preferences and willingness to participate, the case manager will make arrangements with and for the person to obtain the agreed upon short term services. They may also complete referrals for the longer term supports, if it makes sense to do so. While there are other programs that provide diversion from the criminal justice system into treatment, the programs are 1) either led by the justice system or 2) if they are led my mental health staff, they are placed in a crisis or emergency setting. Alameda County's proposed arrest diversion/triage center differs from other models in that it is not a crisis or hospital setting, and mental health staff will provide assessment, brief intervention, and service coordination to engage the person in services that help them address the issues that led to the police contact and promote their mental health.

The County, through its stakeholder-led Justice Involved Mental Health Taskforce and Sequential Intercept Mapping Process, has prioritized the need to divert arrest for individuals with mental health challenges in Alameda County. One of the identified barriers to pre-arrest diversion is a location where law enforcement officers can take someone to obtain services that will reduce the likelihood of subsequent police contact. This service provides that alternative drop off location and realigns the need for assessment and case planning back to mental health staff who can determine what a

person's needs and preferences are and link them to the appropriate programs and interventions.

Reducing Probation/Parole Violations (RP/PV). People with significant mental health challenges often struggle to comply with the terms and conditions of release and may be more likely to be re-incarcerated as a result of a parole or probation violation. Additionally, providers appear hesitant to interact with the justice system on behalf of their consumers for fear of triggering additional legal challenges for the people they serve. This program provides educational materials and training, developed by a mental health/legal consultant to be contracted by the department, for mental health providers who work with mental health consumers who are involved with the justice system in order to build their capacity to support the people they work with. Specifically, providers will learn how to support consumers they're working with to comply with the terms and conditions of their release and build the skills and knowledge to help consumers negotiate with their parole or probation officers on how to come into compliance with the terms and conditions of their release without being reincarcerated.

In the training, mental health providers will learn how work with consumers to understand their forensic history, what terms and conditions they have failed to comply with, how they understand why they have failed to comply, what services they have been participating in to address their mental health and criminogenic risk and needs, and what services they are willing to participate in. Staff will also learn how to develop a plan for reaching out to the parole or probation officer with the goal or coming into compliance with the terms and conditions of release without "being violated" or having to be booked into the jail. Staff will also learn how to negotiate directly with the probation or parole officer on behalf of or in partnership with the consumer. Additionally, this program will also support providers to increase knowledge of and comfort in working with legal entities to resolve parole and probation violations.

<u>Project General Requirements</u>

The Alternatives to Confinement continuum of services both adapts an existing mental health practice for the forensic mental health population as well as adapts practices from other disciplines.

The Forensic CRT borrows the CRT model, which provides an alternative treatment setting for people who do not require services in a locked environment to stabilize from a crisis and return to their community. While there is a strong evidence base for reducing avoidable hospitalization for people experiencing mental health crisis, the CRT model has not been piloted for people experiencing crisis who are at risk of arrest or incarceration as a result of their mental health and criminogenic needs. This continuum of services

seeks to test whether or not a forensic-focused CRT would reduce incarceration for people experiencing mental health issues that place them at high likelihood of police contact. The continuum of services would also measure the extent to the extent to which the program can connect people to ongoing mental health services, thereby decreasing the likelihood of future justice involvement. Currently, Alameda County has three CRTs for individuals with mental health issues that are experiencing crisis but do not require services in a locked environment. These programs have been successful in preventing avoidable hospitalization and connecting individuals to longer term mental health services and supports. The proposed Forensic CRT would provide the same level of mental health supervision but integrate services that address substance use and other criminogenic risk and need to support mental health consumers who are justice involved.

The Arrest Diversion Center is inspired by triage models from other disciplines. For example, the triage model is used across emergency and jail environments to quickly determine level of need and obtain that level of care. San Francisco used this type of model specifically in their juvenile justice system to avoid booking youth into their juvenile hall. The Centralized Assessment and Referral Center (CARC) operated by Huckleberry Youth Programs accepted juveniles from police officers and would meet with them and their families to assess their needs and connect them to ongoing services and supports. Contra Costa County used a similar model for individuals experiencing homelessness out of their multi-service drop-in centers (MSCs) where police could transport an individual to a service center rather than book them into the jail. Once at the MSCs, homeless individuals could access a variety of tangible supports (e.g., laundry, shower, food) as well as obtain an assessment and service linkages and referrals. However, these types of programs are rarely led by the mental health system, and when they are mental health led, they are typically set up as an urgent care center or crisis stabilization unit, are subject to rules and regulations for those environments, and do not have or are unable to maintain a specific forensic focus. This program intends to maintain a low barrier for police drop off and service provision with the singular focus to quickly connect mental health consumers with services that will reduce the likelihood of police contact or re-arrest, which may include partnering or negotiating with their family and other natural supports to develop a plan.

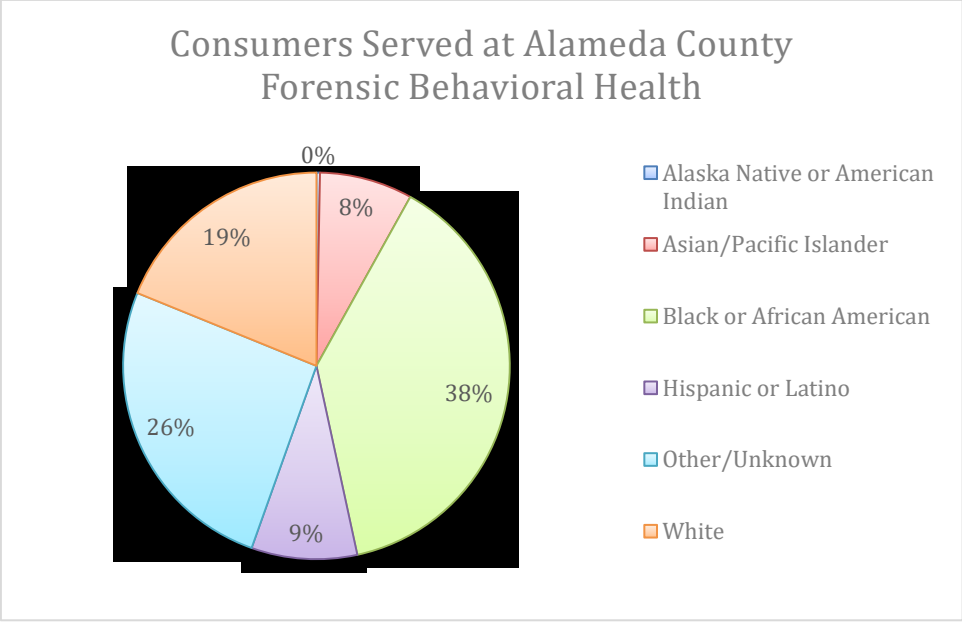
The RP/PV program also takes an existing type of program used across the justice system and applies it specifically to mental health consumers. Santa Cruz has a large and highly successful Reducing Revocations program for individuals on community supervision, and San Joaquin County has significantly reduced their incidence of probation violations resulting in re-arrest as a result of this type of intervention. This program will specifically apply that successful intervention to mental health consumers to determine if the RP/PV training can reduce re-arrest for individuals on community

supervision as well as increase the rates of successful probation/parole completion for mental health consumers.

Individuals to be Served

Overall, the Alternatives to Confinement continuum of services will serve 2,279 individuals per year. The arrest diversion center will serve approximately 1,825 individuals per year. This assumes that there will be about 5 individuals per day who are diverted from arrest and jail booking to the center. We expect to serve approximately 700 individuals in the Forensic CRT per year. This assumes that the 16 bed Forensic CRT will operate at 85% capacity with an average length of stay of one week. We also expect to serve about 40 providers in the RP/PV program. However, we anticipate that there is significant overlap between the programs.

This continuum of services will serve transition age youth ages 18-25 and adults ages 26 and up who have significant mental health issues and are involved with the criminal justice system; they may also have co-occurring substance use issues. They may be of any gender or gender identity as well as sexual orientation. We anticipate that consumers will be predominantly Black or African American with smaller percentages of people who are white, Latinx, or Asian, Pacific Islander, and American Indian. This is based on demographic data of consumers receiving services at Adult Forensic Behavioral Health, which is the outpatient clinic located inside the County jail, as demonstrated in Table 1. We also anticipate that a proportion of individuals will speak Spanish and other languages and will ensure language access is available.



Research on INN Project

The issue of individuals with serious mental illness who are involved with the justice system has become one of the largest problems facing communities across the nation, and the rate of individuals with serious mental illness is two to six times higher among incarcerated populations than it is in the general population.[7] Research clearly demonstrates that outcomes for people with mental illness who become justice involved are better when diverted into treatment than when in custody. The Sequential Intercept Model (SIM)[8] is a conceptual framework that defines a series of opportunities to divert individuals who have contact with or are involved with the criminal justice system into treatment. The SIM framework provides a system-wide way in which to organize interventions and resources in order to maximize diversion into treatment at each intercept. Risk Needs Responsivity (RNR)[9] represents an approach to effective interventions within the justice system that allows for a wide variety of programs, services, and interventions to be used. The *risk principle* states that services should be targeted to the assessed risk of reoffending. The *needs principle* states that treatment should target assessed criminogenic needs. The *responsivity principle* states that treatment should be tailored to meet the specific learning style, motivation, abilities, and strengths of the individual. Essentially, RNR states that treatment and supervision decisions should be based on assessed risk and need.

The Alternatives to Incarceration continuum of services co-locates three services that are intended to divert individuals from being arrested and/or booked into the jail in order to divert them into treatment. Using models from mental health and other disciplines, these three interventions collectively provide an opportunity to divert forensic mental health consumers from police contact that may result in being detained, from being arrested or booked into the jail if detained, and from being re-arrested if unable to comply with the terms and conditions of their release. These priorities for diversion arose out of the sequential intercept mapping process with Alameda County's Justice Involved Mental Health Task Force and focus on preventing entry into the criminal justice system as well as promoting exit from the criminal justice system. They are based on the RNR principles in that they do not prescribe a single approach but instead provide opportunities to assess both behavioral health and RNR principles and develop service plans that connect

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[7] Cloud, David, and Chelsea Davis. Treatment Alternatives to Incarceration for People with Mental Health Needs in the Criminal Justice System: The Cost-Savings Implications. Vera Institute, 2013. Retrieved from: https://www.vera.org/downloads/Publications/treatment-alternatives-to-incarceration-for-people-with-mental-health-needs-in-the-criminal-justice-system-the-cost-savings-implications/legacy_downloads/treatment-alternatives-to-incarceration.pdf.

[8] https://www.samhsa.gov/criminal-juvenile-justice/sim-overview

[9] Andrews, D., Bonta, J., & Hoge, R. (1990). Classification for effective rehabilitation. *Criminal Justice and Behavior*, *17*, 19–52. https://doi.org/10.1177/0093854890017001004

individuals with services that are likely to address behavioral health and criminogenic risk and need as well as reduce the likelihood of sustained or future criminal justice involvement.

At this time, no other jurisdiction has developed a singularly focused Forensic CRT or applied a reducing revocations approach to people with serious mental illness. People with forensic mental health needs may be served in CRT models or general reducing revocation programs, but none specialize in the intersection between behavioral health and justice system involvement and specifically target behavioral health and criminogenic risk and need. While there are myriad versions of a triage center across the nation, none are led by the mental health system, and none are exclusively focused on arrest diversion for people with serious mental illness. To this end, this continuum of services aims to explore the extent to which these programs are able to reduce criminal justice system involvement for people with serious mental illness (e.g., reduced jail bookings, reduced revocations, increased exit from community supervision).

Learning Goals/Project Aims

In Alameda County, 25% of ACBH consumers receive mental health services in the jail, and 10% of consumers only receive mental health services in the jail.[10] This highlights the need to address the over-incarceration of people with mental health issues and support them outside of a jail environment as a key County priority. This continuum of services, along with the other Innovation Plan entitled *Peer Led Continuum of Forensic Mental Health Services,* is one element of a larger Forensic Mental Health and Reentry Plan and represents the service offerings that are relevant to and meet criteria for Innovation projects.

With this continuum of services, Alameda County Behavioral Health seeks to pilot these three co-located services to understand the extent to which these programs, separately and together:

1. *Increase access to and participation in mental health services* for adults with mental health and criminal justice involvement;
2. *Improve outcomes,* including reduced jail bookings, jail days, and probation/parole violations; and
3. *Increase knowledge and collaboration* between mental health and criminal justice providers and agencies.

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10 http://www.acgov.org/board/bos_calendar/documents/DocsAgendaReg_5_10_21/HEALTH%20CARE%20SERVICES/Regular%20Calendar/Item__1_ACBH_Services_Forensic_sys_5_10_21.pdf

For the Forensic CRT, we hope to learn *the extent to which the Forensic CRT is able to prevent avoidable jail bookings and jail bed days* at the moment of intervention as well as following CRT participation. We also hope to learn *the extent to which individuals engage in ongoing mental health services following CRT discharge*. These are similar to the expected outcomes of a non-forensic CRT except they substitute jail bookings and bed days for crisis and hospitalization.

Similarly, we hope to learn *the extent to which law enforcement officers divert individuals to the arrest diversion center in lieu of booking them into the jail* therefore resulting in reduced jail bookings. We also hope to explore *if and how individuals participate in ongoing mental health services following participation at the arrest diversion center* and whether or not they remain in the community or are re-arrested. We also hope to learn more about their assessed level of need and referred level of care to better share system capacity needs for ongoing program planning.

Finally, we hope to learn whether or not a concerted effort to reduce parole and probation violations for people with serious mental illness *reduces booking individuals into the jail as a result of parole or probation violation*. We also hope to learn the extent to which the program results in *increased knowledge, understanding, and collaboration amongst probation and parole.*

Evaluation or Learning Plan

This Alternatives to Confinement continuum of services evaluation will explore process and outcome measures related to the three co-located services. The overarching evaluation questions include:

1. What resources are being invested, by whom, and how much?
2. Who is being served, at what dosage, and in what ways, including participation in more than one INN-funded service?
3. To what extent do people who participate in INN-funded services experience reduced jail bookings, jail days, and parole/probation revocations?
4. To what extent to people who participate in INN-funded services experience increased service engagement and participation?
5. How does knowledge, understanding, and collaboration between mental health and criminal justice agencies change over the course of the project? What activities and experiences promote or detract from the working relationship?

The evaluation will explore the following types of quantitative data:

- Socio-demographics of individuals served, including race/ethnicity, age, gender identity, sexual orientation, zip code, income type and amount, housing status, level of education, and veteran status.

- Clinical and justice involved profile of individuals served, including mental health diagnoses and previous service participation; previous arrest, charge, and booking information; substance use and misuse; known trauma history; other clinically relevant information.
- Current program and service participation, including program, service type, procedure code, provider type, dates of service, length of encounter, length of episode, disposition. This includes for INN-funded programs as well as all other MHP-funded services, such as crisis and hospitalization as well as other residential and outpatient services.
- Current justice system interactions, including jail bookings and discharge dates, charges filed, court dispositions. If feasible, police contact and arrest data that did not result in a jail booking may also be included.
- Referrals, including referrals sources into the INN-funded programs as well as referrals and linkages provided from the INN-funded programs into other mental health services.
- Experience of services from consumers, family, behavioral health providers, and justice professionals.
- Perception of knowledge, understanding, and collaboration between behavioral health providers and justice professionals.

Quantitative data will be collected directly from the County's Electronic Health Record, the Sherriff's Office via existing Memorandum of Understanding, the Community Health Record funded through the Whole Person Care Initiative, and via data request to the courts. Experience of services and perception of knowledge, understanding, and collaboration will be collected via interviews and focus groups; there may also be a brief survey developed for service recipients and their families or involved professionals.

Data will be collected on an ongoing basis and reported annually to providers and partners in order to support communications and continuous quality improvement as well as to the Mental Health Services Oversight and Accountability Commission (MHSOAC) in order to meet INN reporting requirements.

Process			Outcome	
Resources	**Activities**	**Outputs**	**Short-Term**	**Long-Term**
ACBH Adult, Crisis, and Forensic Systems of Care Office of Consumer Empowerment and Forensic Certified Peer Specialists Sheriff's Office Probation Department Contracted Providers MHSA Innovation Funds BHCIP Round 1, 3, and 5/6 Funds	Procure and contract with service providers, consultants, and evaluator Formalize MOUs, procedures, and protocols for this project with ACBH, contractors, and collaborative partners Develop and implement an Arrest Diversion/Triage Center Develop and implement a Forensic CRT Develop and implement Reducing Parole/Probation Violations Program	Contracts with providers, consultants, and evaluator MOU and program operations documentation # of clients served, including socio-demographics, clinical profile, and justice involvement by program # of families engaged # of services provided at CRT - # of admissions - # of discharges by discharge disposition and location - # of bed days - Admission and discharge dates # of services provided at AD/TC - # of admissions - # of discharges by discharge disposition and location - # of minutes of service per encounter - Types of services provided # of services provided at RP/PV - Collateral materials - # of/type of trainings - # of providers trained	Increased collaboration amongst ACBH, providers, and partners Reduced jail bookings and jail bed days Reduced parole and probation violdations Increased mental health service engagement and participation Increased criminal justice system exits for mental health consumers Improved experience of justice and mental health system interactions	Increased skills, knowledge, and confidence to support justice involved mental health consumers Reduced criminal justice system involvement for mental health consumers

Section 3: Additional Information for Regulatory Requirements

Contracting

The County expects to contract the Forensic CRT to a community-based provider and may also choose to contract for the other services. Additionally, the County intends to contract for an external evaluator for this project to work with our internal data support team in exploring the learning goals and evaluation questions listed above as well as complete required reporting for the project. The County will appoint a contract monitor for each of these contracts to ensure contract compliance as well as a portion of the County project/program manager to supervise the quality of work performed.

Community Project Planning

These projects arose out of a longer term planning and system improvement process dedicated to improving services for justice involved mental health consumers. The Justice Involved Mental Health (JIMH) Task Force included representatives from the Health Care Services Agency, Alameda County Behavioral Health, Public Defender, District Attorney, provider and advocacy organizations, consumer and family representatives, faith based and other community leaders. After a more than year long process, the JIMH Task Force published a report in September 2020 with multiple stakeholder recommendations, including a focus on preventing law enforcement contact and arrest diversion, among other suggestions. Concurrently, ACBH published a Forensic Mental Health and Reentry Plan in October 2020 that was informed by JIMH and included additional actions informed by evidence based practice and ACBH's strategic direction.

During 2021, ACBH systematically went through the Forensic Mental Health and Reentry Plan and identified aspects of the plan that either warranted further development and/or consideration or may meet criteria for INN funds. As a part of this process, ACBH contracted with the Indigo Project to engage in INN Project planning. The Indigo Project met with a number of internal and external stakeholders to gather information and workshop the ideas and concepts as they evolved, including:

- Consumer representatives and members of the Pool of Consumer Champions
- Family representatives and individuals from NAMI
- Providers who represent communities who are underrepresented because of cultural affiliation and language access
- Members of the African American subcommittee

- Members of the MHSA Stakeholder group
- Healthcare for the homeless providers
- System of Care Directors for Adult, Crisis, and Forensic Mental Health Services
- Consumer and Family Empowerment Managers

With each discussion, the concepts evolved and were further developed and clarified. These projects will be included in the MHSA Annual Update Community Program Planning (CPP) process in 2022 with the hopes of beginning implementation in FY2022.

MHSA General Standards

This project arose out of a community effort to address the needs of mental health consumers who are forensically involved. It was developed by consumers, family, and communities to support wellness and recovery and avoid incarceration.

This project arose out of a community effort to address the needs of mental health consumers who are forensically involved. It was developed by consumers, family, and communities to support wellness and recovery and avoid incarceration. Community collaboration is exemplified in not only how this project was developed but also in how the project itself works to keep individuals within their communities rather than removing them and placing them in a jail environment. Cultural Competency is included as a foundational component in that this project seeks to address the overincarceration of people with mental illness, the majority of whom are BIPOC individuals, by preventing police contact and jail booking as well as supporting individuals to successfully exit the justice system. Additionally, the services themselves will be informed by and primarily staffed by individuals who represent our County's diverse populations. Services will be client and family driven in that services aim to preserve a person's freedom, independence, and ability to consent to their own services by using person centered planning with family member input that respects an individual's needs and preferences and works in partnership with each individual and their family to discover how they understand the issues that they're facing and helps them develop a plan that they are willing to do to address what is most important to them. The services are wellness, recovery, and resiliency focused in that they are built upon the belief that participation in mental health services is more productive and meaningful than incarceration and that services that respect an individual's ability to invest in their own recovery journey are more likely to result in sustained freedom than "rehabilitation" provided by the jails. Finally, services are intended to be integrated in that these programs seek to strengthen collaboration between mental health and justice organizations so that individuals and families can streamline efforts and communication between mental health services and

criminal justice requirements in order to promote community-based recovery and minimize or avoid criminal justice involvement.

Cultural Competence and Stakeholder Participation in Evaluation

On a quarterly basis, ACBH will convene a stakeholder meeting with individuals who are invested in both forensic mental health INN projects, which include this project and the *Peer Led Continuum of Forensic Mental Health Services.* This meeting will serve dual purposes to gather information from stakeholders and partners about their perspectives on the project and its implementation as well as to provide data from the evaluation to support a CQI process. As a part of this project, we will explore the extent to which the project is reaching its intended target population and that people receiving services are reflective of the jail population (i.e., the population receiving services is comparable to the Santa Rita population in terms of race/ethnicity and age). This will be one component of what is discussed in the quarterly meetings as well as overall feedback and evaluation data described in the preceding section.

Innovation Project Sustainability and Continuity of Care

This project will primarily serve individuals with serious mental illness. If this project accomplishes its intended objectives of 1) reducing jail bookings and jail days and 2) increasing participation in ongoing mental health services, the County will continue to fund the project using a combination of MHSA Community Services and Supports funding and Federal Financial Participation (FFP). All of the services described in this plan should be eligible for Medi-Cal reimbursement following completion of the INN project.

Communication and Dissemination Plan

If this project is successful at 1) reducing jail bookings and jail days and 2) increasing participation in ongoing mental health services, ACBH will apply to present learnings at California-specific conferences, including the forensic mental health association, California Institute of Behavioral Health Services, and California Association of Counties (CSAC) conferences. Additionally, ACBH will request that the contracted evaluator prepare a white paper that can be distributed through the California Behavioral Health Directors Association, California Probation Officers Association, and the MHSOAC listserv.

Keywords include:

1. Jail diversion
2. Pre-arrest diversion
3. Reducing revocations
4. Forensic Crisis Residential Treatment

5. Forensic mental health diversion

Timeline

ACBH proposes a 5 year Innovation project in which the first two years of the project allow for facility start-up. While the non-residential services may be able to be implemented more quickly, we believe that it is important to have all elements available at the same time, particularly with a co-located service model. To that end, ACBH will begin the site identification and procurement process upon MHSOAC approval. This may take up to nine months to facilitate a competitive bid process and then enter into contracts. The second year (ramp up year) will focus on preparing the site and program for opening, including preparing the application for Community Care Licensing as well as the materials, including policies and procedures, for Medi-Cal certification. Concurrently, the evaluators will be working with the department and stakeholders to develop the evaluation approach. Years 3-5 will focus on service provision as well as data collection and analysis to support learning. In the final year, ACBH will also develop an ongoing funding strategy using MHSA, realignment, and FFP dollars. In year 5, the evaluators will also draft the summative evaluation report and a white paper detailing project implementation, outcomes, and lessons learned.

Year 1	Project Start-up - County Procurement • Identify program location • Procure mental health provider and evaluator services • Execute INN service provider and evaluator contracts
Year 2	Project Start-up - Facility Preparation • Building Modifications • Facility Licensing and Medi-Cal Certification • Staff Hiring and Training • Outreach to justice agencies and mental health providers Project Start-up - Project Evaluation • Evaluation planning, including stakeholder input Milestone: Services Commence Milestone: Evaluation Plan Complete
Year 3	Ongoing: Service provision Ongoing: Data collection Quarterly: Stakeholder convening to support CQI

	Annual: INN reporting
Year 4	Ongoing: Service provision Ongoing: Data collection Quarterly: Stakeholder convening to support CQI Annual: INN reporting
Year 5	Ongoing: Service provision Ongoing: Data collection Quarterly: Stakeholder convening to support CQI End of Project: Sustainability Plan End of Project: Summative INN report

Section 4: INN Project Budget and Source of Expenditures

INN Project Budget and Source of Expenditures

This INN plan will utilize any remaining funding from MHSA innovation FY19/20, through a partial year of FY24/25. ACBH will also be utilizing an awarded Behavioral Health Continuum Infrastructure Program (BHCIP) grant which will be used to fund the purchase of a building, and possible renovations, for the proposed CRT.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
EXPENDITURES							
PERSONNEL COSTS (salaries, wages, benefits)		FY23/24	FY24/25	FY25/26	FY26/27	FY27/28	**TOTAL**
1.	Salaries	600,667	1,092,833	1,585,000	1,585,000	1,585,000	6,448,500
2.	Direct Costs	204,227	371,563	538,900	538,900	538,900	2,192,490
3.	Indirect Costs	120,734	219,660	318,585	318,585	318,585	1,296,149
4.	Total Personnel Costs	925,627	1,684,056	2,442,485	2,442,485	2,442,485	9,937,139
OPERATING COSTS							**TOTAL**
5.	Direct Costs	112,656	195,808	278,961	278,961	278,961	1,145,345
6.	Indirect Costs	16,898	29,371	41,844	41,844	41,844	171,802
7.	Total Operating Costs	129,554	225,179	320,805	320,805	320,805	1,317,147
NON RECURRING COSTS							**TOTAL**
10.	Total Non-recurring costs	0	0	0	0	0	0
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)							
11.	Direct Costs	357,304	372,692	388,079	388,079	388,079	1,894,233
12.	Indirect Costs	53,596	55,904	58,212	58,212	58,212	284,135
13.	Total Consultant Costs	410,900	428,596	446,291	446,291	446,291	2,178,368
OTHER EXPENDITURES (please explain in budget narrative)							**TOTAL**
16.	Total Other Expenditures	0	0	0	0	0	0
BUDGET TOTALS							
Personnel (line 1)		600,667	1,092,833	1,585,000	1,585,000	1,585,000	6,448,500
Direct Costs (add lines 2, 5 and 11)		674,187	940,063	1,205,940	1,205,940	1,205,940	5,232,068
Indirect Costs (add lines 3, 6 and 12)		191,228	304,934	418,641	418,641	418,641	1,752,085
Non-recurring costs (line 10)		0	0	0	0	0	0
Other Expenditures (line 16)		0	0	0	0	0	0
TOTAL INNOVATION BUDGET		1,466,081	2,337,831	3,209,580	3,209,580	3,209,580	13,432,651

Budget Narrative

Staffing Start-up Costs:
FY22-23: Start-up costs include salaries and benefits for *half of a year*.

1 A/DTC Program Director/Clinical Supervisor	$ 23,437
1 A/DTC Program Manager	$ 23,000
5 A/DTC Clinician	$ 53,125
5 A/DTC Case Manager	$ 46,250
5 A/DTC Nursing	$ 51,250
5 A/DTC Forensic Peer Specialist	$ 42,500
1 F-CRT Program Director/Clinical Supervisor	$ 23,437
1 F-CRT Program Manager	$ 23,000
2 F-CRT Therapist	$ 21,250
1 F-CRT Case Manager	$ 9,250
2 F-CRT Forensic Peer Specialist	$ 17,000
15 F-CRT Mental Health Rehabilitation Specialist	$117,000
Benefits at 33%	$150,167
Total:	$600,667

Staffing ramp up year costs

FY23-24: Start-up costs include salaries and benefits for continuing start up as the program ramps up: Salary and benefits: 1,092,833, total costs: 1,684,056.

Staffing yearly costs
FY24-25, 25-26, 26-27: Costs include salaries and benefits: 1,585,000, total costs: $2,442,485 per year.

Operating Costs
The operating costs based on the standard County budgeting process where the total personnel costs are multiplied by 30% to closely estimate the operating costs of a new program. Once the project is up and running the operating costs may be adjusted, but funds will not exceed the budgeted request that the MHSOAC approves. Operational costs will include, but not limited to: rent, utilities, communications/phone service, technology maintenance, maintenance services, audit services, furniture, insurance, travel and transportation/mileage, training services, accounting/payroll.

Total Operating Costs:
Start-up FY 23/24: $129,554
Continued ramp up: FY 24/25: $225,179
Yearly (last 3 years FY 25/26-27/28): $320,805

Consultant Costs/Contractors
This project will entail contracting for various areas of expertise including: psychiatrist (CRT), licensing and certification, pre-employment expenses, evaluation services, recruitment and training, and F-CRT Relief Staff (there are no F-CRT Relief costs during startup).

Totals Consultant/Contractors costs:
Start-up FY 23/24: 410,900
Continued ramp up: FY 24/25: 428,596
Yearly (last 3 years FY 25/26-27/28): 446,291

Evaluation
Evaluation costs at roughly 5% of project cost ($671,633 (in total), which is embedded in total consultant costs). Evaluation staffing will consist of a 0.35 FTE of a contracted evaluator at the county rate of a Program Specialist classification. Peer/Family stipends to conduct client satisfaction surveys, assist with evaluation planning and data analysis.

Indirect expense
As a standard practice Alameda County ACBH requests 15% for county administration of the project. This 15% rate has also been applied that will be created for the CBO is in alignment and within the approved CBO limit for indirect costs. This 15% applies to Personnel, Operating and Contract expenditures to provide Human Resources, Accounting, Budgeting, Information Technology, Business Services Office, and Legal management of staff and contract positions; rent, utilities, insurance; and other expenses necessary to administer and implement the project.

Total Indirect Costs:
Start-up FY 23/24: $191,228
Continued ramp up: FY 24/25: $304,934
Yearly (last 3 years FY 25/26-27/28): $418,641

Other Funding
Potential Behavioral Health Continuum Infrastructure Program (BHCIP) conditional grant award of $4,348,706 which will be used to fund the purchase of a building, and possible renovations, for the proposed CRT.